Case No. _____
Report Date _____
Date Interviewed _____

TOXIC SHOCK SYNDROME WORKSHEET

1. Name _____

2. Address _____

3. Telephone Number _____

4. Age _____ Sex _____ Race _____

5. Date of Birth _____

6. Date of Illness _____

   a. Hospitalized (where) _____

      Date Admitted _____ Discharged _____

7. Who is your personal physician? _____

8. Were you having your menstrual period or within 2 days of having it? [ ] Yes [ ] No

9. With your illness which of the following signs or symptoms did you have?

a.	Fever greater than 102°	[ ] Yes	[ ] No	[ ] DK
b.	Chills	[ ] Yes	[ ] No	[ ] DK
c.	Vomiting	[ ] Yes	[ ] No	[ ] DK
d.	Diarrhea	[ ] Yes	[ ] No	[ ] DK
e.	Abdominal pain or tenderness	[ ] Yes	[ ] No	[ ] DK
f.	Difficulty breathing or shortness of breath	[ ] Yes	[ ] No	[ ] DK
g.	Red or scratchy eyes (conjunctivitis)	[ ] Yes	[ ] No	[ ] DK
h.	Sensitivity of eyes to light	[ ] Yes	[ ] No	[ ] DK
i.	Sore mouth	[ ] Yes	[ ] No	[ ] DK
j.	Sore throat	[ ] Yes	[ ] No	[ ] DK
k.	Beefy red tongue	[ ] Yes	[ ] No	[ ] DK
l.	Vaginal discharge or infection	[ ] Yes	[ ] No	[ ] DK

m.	Vaginal pain	[ ] Yes	[ ] No	[ ] DK
n.	Red rash - all over my body	[ ] Yes	[ ] No	[ ] DK
o.	Red rash - localized to1 or 2 parts of my body	[ ] Yes	[ ] No	[ ] DK
p.	Peeling of skin (trunk, face, arms, legs)	[ ] Yes	[ ] No	[ ] DK
q.	Peeling of palm and/or soles	[ ] Yes	[ ] No	[ ] DK
r.	Petecniae - bleeding into the skin	[ ] Yes	[ ] No	[ ] DK
s.	Muscle pain or tenderness	[ ] Yes	[ ] No	[ ] DK
t.	Joint pain or tenderness	[ ] Yes	[ ] No	[ ] DK
u.	Lymph node swelling	[ ] Yes	[ ] No	[ ] DK
v.	Swelling of hands or feet	[ ] Yes	[ ] No	[ ] DK
w.	Dizziness	[ ] Yes	[ ] No	[ ] DK
x.	Confusion	[ ] Yes	[ ] No	[ ] DK
y.	Decrease in urine production	[ ] Yes	[ ] No	[ ] DK

10. Type of sanitary napkins?

    (a) tampon (b) pad (c) minipad (d) sponge

11. Brand of tampon? _____

    (a) regular (b) super (c) super plus

12. Have you used tampons in the last year: [ ] Yes [ ] No

13. Medications: _____

14. Lab Values:

CREATININE	BUN
BILI	PLATELETS
SGOT	CULTURE
SGPT	OTHER:
ALK	

15. Blood pressure:

    (a) hypotensive _____
    (b) orthostatic _____